

When this form is completely filled out
use Preventive Medicine Services Code:
99382—New Patient (ages 1-4 years)
99392—Established patient (ages 1-4 yrs)

12M

EPSTD
Screening Date

2 0 0

Member
ID#

— — — — —

12 Month Visit

Name _____ Birth Date _____ Historian _____

Age _____ Allergies _____ Medications _____

Weight _____ lbs. _____ oz. Length _____ inches Head circ. _____ cm Temp. _____ T R

Nutrition

Whole milk yes no

Weaned from bottle? yes no

Appetite: good variable picky
fruits _____

veggies _____

meats _____

Water: city well spring bottled

WIC: Yes No

History Update

Are there any changes in your family history?

No Yes _____

Has the patient had any new problems or illnesses since the last visit?

No Yes _____

Problems / Parental Concerns

Hearing/Speech

Hears well ? yes no

Says 2-4 words yes no

Vision:

Notices small objects yes no

Developmental Screen*

normal abnormal

Lead Risk Factors* yes no

TB Risk Factors* yes no

IPPD result _____

Lab Tests

Hgb(if not done at 9 mo) _____

Lead level _____

*see separate form

Physical Exam (UNCLOTHED) Yes No ✓ = nl X = abnl

General ☐

Head ☐

Fontanel ☐

Neck ☐

Eyes ☐

Red reflex ☐

Alignment ☐

Ears ☐

Nose ☐

Throat/Mouth/Teeth ☐

Lungs ☐

Heart ☐

Abdomen ☐

Femoral Pulses ☐

Genitalia ☐

Female ☐

Male ☐

Testes ☐

Extremities ☐

Hips/Gait ☐

Spine ☐

Skin ☐

Neuro ☐

Safety

☐ Car seat, facing forward if > 20#

☐ Smoke detectors in home

☐ Hot water < 120 degrees

☐ Child proof home

☐ Syrup of Ipecac, Poison Control #

☐ Water safety, supervise bath

☐ Close supervision

☐ Sun exposure

Health/Nutrition

☐ Weaning

☐ Introduce whole milk from cup

☐ Limit juice, milk intake

☐ Changes in appetite

☐ Introduce table, finger foods

☐ Choking prevention

☐ Teething / clean teeth

Social/Behavioral

☐ Set consistent limits, discipline

☐ Praise good behavior

☐ Sleep, bedtime routine

☐ Talk, read to baby

☐ Family

☐ Day care yes no

Impression

☐ Well Child, normal growth and development

☐ _____

☐ _____

Plan/Referrals

☐ Varicella, PCV-7, Hib, Hep B, DTaP, IPV, MMR

☐ Vaccine Information Sheet

☐ Acetaminophen _____ mg. q 4 hrs.

☐ Twelve month Handout sheet

☐ RTC at 15 months

☐ Fluoride gtt. 0.25 mg daily

☐ Vitamin Drops with Iron

☐ _____

☐ _____

☐ _____

M.D. / P.N.P.

☐ See back for additional documentation

Provider ID#
